



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DALLAS COUNTY HOSPITAL DISTRICT
PO BOX 660599
DALLAS TX 75266-0599

Respondent Name

SERVICE LLOYDS INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 42

MFDR Tracking Number

M4-11-1014-01

MFDR Date Received

November 22, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DENIED FOR TIMELY FILING"

Amount in Dispute: \$6,358.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "“Per Rule 133.200(a)2), a carrier is required to return ‘within 30 days after the day it receives a medical bill that is not complete.’ As noted above, the carrier complied with this Rule. Box 14 is required to be completed according to the DWC’s own standards, as evidenced by the Clean Claims documentation attached. Additionally, as noted on the DWC’s website, ‘Block 14 must be completed unless the contract between the provider and health carrier states otherwise.’ Until the DWC formally changes this requirement, the carrier is legally-bound to return such bills as incomplete... As this was an incomplete bill since no information was supplied in Box 14, the bill was returned and the provider had the option to submit a complete bill as a new bill within 95 days of the date of service... Since the provider did not submit a complete bill within 95 days of the date of service, reimbursement was correctly denied.”"

Response Submitted by: Harris & Harris, 5900 Southwest Parkway, Building 2, Suite 100, Austin, Texas 78735

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
May 4, 2010	Outpatient Hospital Services	\$6,358.70	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.

3. 28 Texas Administrative Code §133.200 sets out the procedures for insurance carriers upon receipt of medical bills from health care providers.
4. 28 Texas Administrative Code §133.2 sets forth definitions of terms related to medical billing.
5. 28 Texas Administrative Code §133.10 sets out requirements related to billing forms and formats.
6. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
7. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – Time Limit for Filing Claim/Bill has Expired
 - RM2 – Time limit for filing claim has expired
 - B15 – Procedure/Service is not paid separately
 - RN – Not paid under OPPS: services included in APC rate
 - 18 – Duplicate claim/service
 - R1 – Duplicate Billing
 - TC – Technical Component

Issues

1. Did the insurance carrier properly return an incomplete bill submitted by the health care provider?
2. Did the requestor forfeit the right to reimbursement due to untimely submission of the medical bill?

Findings

1. The respondent's position statement asserts that "Box 14 is required to be completed according to the DWC's own standards, as evidenced by the Clean Claims documentation attached. Additionally, as noted on the DWC's website, 'Block 14 must be completed unless the contract between the provider and health carrier states otherwise.' Until the DWC formally changes this requirement, the carrier is legally-bound to return such bills as incomplete... As this was an incomplete bill since no information was supplied in Box 14, the bill was returned and the provider had the option to submit a complete bill as a new bill within 95 days of the date of service... Since the provider did not submit a complete bill within 95 days of the date of service, reimbursement was correctly denied." §133.2(2) defines a complete medical bill as "A medical bill that contains all required fields as set forth in the billing instructions for the appropriate form specified in §133.10 of this chapter (relating to Required Billing Forms/Formats)..." §133.10(d) requires that "All information submitted on required billing forms must be legible and completed in accordance with Division instructions." §133.20 states, in pertinent part, that "(a) Upon receipt of medical bills submitted in accordance with §133.10(a)(1) and (2) of this chapter (relating to Required Medical Forms/Formats), an insurance carrier shall evaluate each medical bill for completeness as defined in §133.2 of this chapter (relating to Definitions)... (2) Within 30 days after the day it receives a medical bill that is not complete as defined in §133.2 of this chapter, an insurance carrier shall: ... (B) return the bill to the sender, in accordance with subsection (c) of this section... (b) An insurance carrier shall not return a medical bill except as provided in subsection (a) of this section. When returning a medical bill, the insurance carrier shall include a document identifying the reason(s) for returning the bill. The reason(s) related to the procedure or modifier code(s) shall identify the reason(s) by line item. (c) The proper return of an incomplete medical bill in accordance with this section fulfills the insurance carrier's obligations with regard to the incomplete bill." Division instructions as found in *Texas Clean Claim and Electronic Medical Billing and Payment Companion Guides* (Version 2.0), indicate that box 14 of the UB-04 medical billing form is a required field. The Division therefore concludes that the requestor's initial bill submission was incomplete and that the insurance carrier met the requirements of §133.20(c) in regard to the proper return of an incomplete bill.
2. Per §133.20(g), "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier." 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." No documentation was found to support that the health care provider submitted a complete bill by the 95th day after the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	Grayson Richardson	May 24, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.